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## SAN BERNARDINO COUNTY HOSPITAL DIVERSION POLICY

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### AUTHORITY

Health and Safety Code, Division 2.5, Chapter 6, Section 1798.101a (1), 1798.102, and 1798.170: The local EMS agency may develop triage and transfer protocols to facilitate prompt delivery of patients to appropriate designated facilities within and without its area of jurisdiction.

### PURPOSE

ICEMA recognizes that emergency departments may not, at times, be able to accept patients and therefore adopts the following policy to provide structure to the diversion process to minimize adverse effects on patient care and the EMS system.

### OBJECTIVES

- To assure transportation of 9-1-1 EMS patients to the closest most appropriate hospital.
- To provide a mechanism for a receiving hospital to request diversion
- To assure that EMS ambulances are not unreasonably removed from their areas of primary response.

### POLICY

Diversion is a medical decision dependent upon the ability to provide safe and efficient patient care. Final authority relating to destination of a 9-1-1 ambulance rests with the Base Hospital physician.

This policy shall be utilized by receiving hospitals to request diversion of 9-1-1 ambulances when the hospital is temporarily not equipped and/or prepared to care for additional ambulance patients. A hospital's request to divert shall be made by the attending emergency department physician in consultation with the hospital administrative officer.

Hospitals shall maintain a current diversion policy consistent with ICEMA policy on file with and approved by ICEMA. ICEMA may perform unannounced site visits to hospitals on diversion status to ensure compliance with this policy.

### EXCEPTIONS

Diversion requests will be honored, based upon available system resources, with the following exceptions:

1. A patient(s) in an ambulance on hospital property cannot be diverted.
2. Basic Life Support (BLS) units may not be diverted.
3. Patients exhibiting unmanageable problems, e.g. unmanageable airway, uncontrolled hemorrhage, cardio pulmonary arrest, in the field shall be transported to the closest appropriate hospital regardless of diversion status.
4. There is no ED diversion in the geographical areas serviced by Barstow Community Hospital, Bear Valley Community Hospital, Colorado River Medical Center, Hi- Desert Medical Center and Mountains Community Hospital.
5. If the three (3) most accessible hospitals within an incident location are on diversion, a diversion request will not be honored. The patient(s) must be transported to one of the three closest appropriate/requested receiving hospital regardless of diversion status.
6. In San Bernardino County, patients meeting Trauma Triage Criteria (Protocol Reference #8010 (Adult) and #8012 (Pediatric) shall only be diverted to another Trauma Center. In areas greater than thirty (30) minutes from a Trauma Center, contact a Trauma Base Hospital or assigned Base Hospital, if unable to access a

Trauma Center, for medical control and destination decision.

7. Patients enroute to a specific hospital for a specific pre-arranged service, e.g. helipad use, CT/MRI, angiography, direct admission or interfacility transfer or high-risk OB are not subject to diversion.

## PROCEDURE

1. A Base Hospital on diversion shall continue to provide on-line medical control. The only exception is a declaration of an Internal Disaster affecting the Base Hospital's ability to provide on-line medical control.
2. Diversion status shall be reported via the Reddi-Net system or another established mechanism as outlined in the hospital diversion plan. The approved diversion categories are:
  - a. **ED Diversion:** The hospital's resources are fully committed as determined by the ED attending physician in consultation with the hospital administrative officer and are not expected to become available during the next two (2) hours. ED diversion shall automatically expire at the end of a two (2) hour period and a hospital shall remain open for an additional two (2) hours. The hospital may request an extension of ED diversion if three (3) out of three (3) of the following criteria are met in Category One and two (2) out of three (3) criteria are met in Category Two.
    - 1) Category One - Two-hour extension. Hospital will notify ICEMA via ReddiNet.
      - a) Increase in ambulance traffic resulting in one (1) patient remaining in prehospital provider care greater than twenty (20) minutes without an ED bed assignment
      - b) Thirty percent (30%) of ED beds are occupied by admitted patients greater than four (4) hours
      - c) All ED beds, including monitored beds, are occupied
    - 2) Category Two - Extended Diversion. Hospital CEO/designee will notify ICEMA on an hourly basis via ReddiNet.
      - a) Increase in ambulance traffic resulting in one (1) patient remaining in prehospital provider care greater than sixty (60) minutes without an ED bed assignment
      - b) Fifty percent (50%) of ED beds are occupied by admitted patients greater than six (6) hours.
      - c) No available surgery suites available with consideration given to canceling elective surgeries,
  - b. **Neuro Diversion:** The hospital is unable to provide access to a CT scanner.
  - c. **Trauma Diversion:** (Trauma Centers only): Trauma team resources are fully committed and are not available for incoming patients meeting trauma triage criteria. ***When both Trauma Centers are on Trauma Diversion both Trauma Centers shall accept trauma patients.***
  - d. **Internal Disaster:** Applies only to physical plant breakdown threatening the ED or significant patient services e.g. bomb threat, earthquake damage, hazardous materials exposure, terrorist activity or an incident involving the safety and/or security of a facility. In these cases, the hospital administration must immediately notify ICEMA and DHS after declaring an Internal Disaster. **THIS CATEGORY SHALL NOT BE USED FOR STAFFING ISSUES.**

APPROVED:

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EMS Medical Director                      Date

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San Bernardino Co. Health Officer                      Date

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ICEMA Executive Director                      Date